

Beaufort
VETERINARY HOSPITAL
288 Hwy 101
Beaufort, NC 28516
(252) 838-1966



GROOMING CONSENT FORM

I, _____, authorize Beaufort Veterinary Hospital to groom my pet,
_____ (name), today, _____ (date).

**Grooming
Instructions:**

1. Does your pet require a special/medicated shampoo? Any special needs or health problems?
YES _____ NO _____

If yes, please describe:

2. Is it ok to shave big mats that are painful to brush out? YES _____ NO _____ N/A _____

3. Is it ok to go shorter all over due to matting? YES _____ NO _____ N/A _____

4. Occasionally, our groomer may note a possible non-emergency health problem with your pet (i.e. ear infection, skin condition, flea allergy, etc.), if so, may we have permission to examine & treat your pet? I understand that this will incur additional costs. YES _____ NO _____

VACCINATIONS: Guardian/Owner is required to provide veterinary proof of current and updated Rabies, Distemper & Bordetella for canines / Rabies & Distemper for felines.

◆ If proof of vaccines is not available or they are not up to date, I give consent for my pet to be vaccinated today in order to be groomed. I understand that this will incur additional costs.

Initials: _____

◆ I understand that in order to protect your pet and to keep our hospital “flea-free” your pet will be given a complimentary 24 hour flea prevention while visiting us today.

Initials: _____

✻ *We reserve the right to charge handling fees for excessively difficult/aggressive pets requiring additional staff and/or time in order that we may provide proper care. We reserve the right to refuse to groom or to reschedule your pet's grooming appointment if your pet is unable to be groomed without sedation.*

Owner's Signature _____

Printed Name _____

Phone Number _____